

FIG. 1

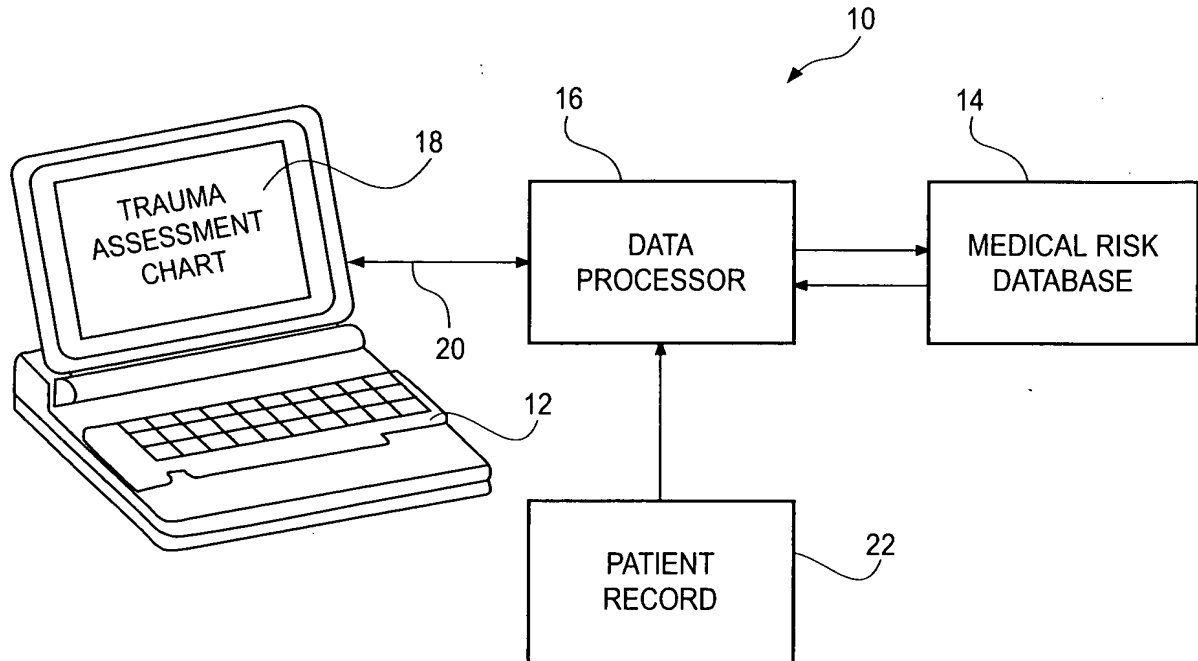


FIG. 2

2/9

<div>Back My Patients Main</div>											
<table border="1"> <tr> <td>Patient</td> <td>Mary Doe</td> <td>Age</td> <td>F1</td> <td>Complaint</td> </tr> <tr> <td>Disposition</td> <td>Home</td> <td>Acuity</td> <td>1</td> <td>Comment</td> </tr> </table>		Patient	Mary Doe	Age	F1	Complaint	Disposition	Home	Acuity	1	Comment
Patient	Mary Doe	Age	F1	Complaint							
Disposition	Home	Acuity	1	Comment							
<div>HPI- (HCFA) Level I-III = 1-3 items, Level IV-V = 4 + items</div> <div> </div>											
Chief complaint	<input checked="" type="radio"/> Chest Pain: <input type="radio"/> SOB: <input type="radio"/> Nausea: <input type="radio"/> Vomiting: <input type="radio"/> Diaphoresis: <input type="radio"/> Palpitations: <input type="radio"/> AICD Event: <input checked="" type="radio"/> Patient over 40 years of age?										
Time course	<input checked="" type="radio"/> Onset: Sudden <input type="radio"/> Gradual <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Worse/ persistent <input type="checkbox"/> resolved										
Location	<input checked="" type="radio"/> <input type="radio"/> No Localizing Sx. <input type="radio"/> Most severe in: <input type="radio"/> Radiation: None <input type="radio"/> To Back										
Quality	<input type="checkbox"/> Pressure <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Aching <input type="checkbox"/> Dull <input type="checkbox"/> Burning <input type="checkbox"/> Cramping <input type="checkbox"/> Fullness <input type="checkbox"/> Same as previous episodes.										
Associated with:	<input type="checkbox"/> URI <input type="checkbox"/> Cough <input type="checkbox"/> Headache <input type="checkbox"/> Trauma (see notes) <input type="checkbox"/> Fever <input type="checkbox"/> Chills <input type="checkbox"/> Other										
Severity	<input type="checkbox"/> Maximum severity is <input type="checkbox"/> Current severity is <input type="checkbox"/> Pain Grade:										
Exacerbated by:	<input type="checkbox"/> Exercise <input type="checkbox"/> Palpation of chest <input type="checkbox"/> Movement/ walking <input type="checkbox"/> Cough/ deep breath <input type="checkbox"/> Other <input type="checkbox"/> Nothing										
Relieved by	<input type="checkbox"/> Nitro: <input type="checkbox"/> Oxygen <input type="checkbox"/> Supine/ upright <input type="checkbox"/> Remaining still <input type="checkbox"/> OTC Medications. <input type="checkbox"/> Food <input type="checkbox"/> Nothing										
Risk Factors	<input checked="" type="radio"/> CAD Risk: None <input type="radio"/> Known CAD <input type="radio"/> TAD Risk: None <input type="radio"/> Hypertension <input type="radio"/> PE Risk: None <input type="radio"/> Smoking										
Other:	<input type="checkbox"/> E/M caveat										
Extra Notes Space (ENS)	<div></div>										

FIG. 3

3/9





<div>Back My Patients Main</div>	
<div> <div>Patient Mary Doe Age F1 Complaint</div> <div>Disposition Home Acuity 1 Comment</div> </div>	
<div>HPI- (HCFA) Level I-III = 1-3 items, Level IV-V = 4 + items</div> <div>     </div>	
Chief complaint	<input checked="" type="radio"/> Chest Pain: <input type="radio"/> SOB: <input type="radio"/> Nausea: <input type="radio"/> Vomiting: <input type="radio"/> Diaphoresis: <input type="radio"/> Palpitations: <input type="radio"/> AICD Event: <input type="radio"/> Patient over 40 years of age?
Time course	<input checked="" type="radio"/> Onset: Sudden <input type="radio"/> Gradual <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Worse/ persistent <input type="checkbox"/> resolved
Location	<input checked="" type="radio"/> <input type="radio"/> No Localizing Sx. <input type="radio"/> Most severe in: <input type="radio"/> Radiation: None <input type="radio"/> To Back
Quality	<input type="checkbox"/> Pressure <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Aching <input type="checkbox"/> Dull <input type="checkbox"/> Burning <input type="checkbox"/> Cramping <input type="checkbox"/> Fullness <input type="checkbox"/> Same as previous episodes.
Associated with:	<input type="checkbox"/> URI <input type="checkbox"/> Cough <input type="checkbox"/> Headache <input type="checkbox"/> Trauma (see notes) <input type="checkbox"/> Fever <input type="checkbox"/> Chills <input type="checkbox"/> Other
Severity	<input type="checkbox"/> Maximum severity is <input type="checkbox"/> Current severity is <input type="checkbox"/> Pain Grade:
Exacerbated by:	<input type="checkbox"/> Exercise <input type="checkbox"/> Palpation of chest <input type="checkbox"/> Movement/ walking <input type="checkbox"/> Cough/ deep breath <input type="checkbox"/> Other <input type="checkbox"/> Nothing
Relieved by	<input type="checkbox"/> Nitro: <input type="checkbox"/> Oxygen <input type="checkbox"/> Supine/ upright <input type="checkbox"/> Remaining still <input type="checkbox"/> OTC Medications. <input type="checkbox"/> Food <input type="checkbox"/> Nothing
Risk Factors	<input checked="" type="radio"/> CAD Risk <input type="radio"/> None <input type="radio"/> Known CAD <input type="radio"/> TAD Risk <input type="radio"/> None <input type="radio"/> Hypertension <input type="radio"/> PE Risk <input type="radio"/> None <input type="radio"/> Smoking
Other:	<input type="checkbox"/> E/M caveat
Extra Notes Space (ENS)	<div></div>

FIG. 4

Don't Get Burned : 3.5 Pain Radiating to the Back

Recommendation:

Consider the diagnosis of Thoracic Aortic dissection.

- Measure bilateral arm blood pressure, if possible.
- Look at the X-Ray specifically for signs of TAD (e.g. abnormal aortic contour, widening or mediastinum, deviation of the trachea or mainstem bronchi). Document your observations.

*This is offered as a general recommendation, not a standard of care.
Specific management is subject to the facts of a particular patient's
presentation and the individual physician's judgement*

FIG. 5

5/9






<div>Back My Patients Main</div>	
<div> <div>Patient Smith Sammy Age M56 Complaint Chest Pain</div> <div>Source Home Acuity Comment Ready to splint</div> </div>	
<div>HPI- (HCFA) Level I-III = 1-3 items, Level IV-V = 4 + items</div> <div>     </div>	
Chief complaint	<input checked="" type="radio"/> Chest Pain: <input type="radio"/> SOB: <input type="radio"/> Nausea: <input type="radio"/> Vomiting: <input type="radio"/> Diaphoresis: <input type="radio"/> Palpitations: <input type="radio"/> AICD Event: <input type="radio"/> Patient over 40 years of age?
Time course	<input checked="" type="radio"/> Onset: Sudden <input type="radio"/> Gradual <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Worse/ persistent <input type="checkbox"/> resolved
Location	<input checked="" type="radio"/> <input type="radio"/> No Localizing Sx. Most severe in: <input type="radio"/> Radiation: None <input type="radio"/> To Back 
Quality	<input type="checkbox"/> Pressure <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Aching <input type="checkbox"/> Dull <input type="checkbox"/> Burning <input type="checkbox"/> Cramping <input type="checkbox"/> Fullness <input type="checkbox"/> Same as previous episodes.

FIG. 6

<div>Cardiovascular</div> <div> <input checked="" type="radio"/> <input type="radio"/> </div>	<input type="checkbox"/> RRR <input type="checkbox"/> Heart sounds normal <input type="checkbox"/> No extremity edema <input type="checkbox"/> BP in both arms normal <input type="checkbox"/> Heart normal to palpation <input type="checkbox"/> All of the above are	<div>Rhythm: <input type="text"/></div> <div>Heart sounds: <input type="text"/></div> <div>Murmur: <input type="text"/></div> <div>Grade: <input type="text"/></div> <div>Bilat. BP's <input type="text"/></div>
---	---	--

FIG. 7

6/9






<div>Back My Patients Main</div>	
<div> <div>PatientSmith SammyAgeM56ComplaintChest Pain</div> <div>SourceHomeAcuityCommentReady to splint</div> </div>	
<div> <div>HPI- (HCFA) Level I-III = 1-3 items, Level IV-V = 4 + items</div> <div>     </div> </div>	
Chief complaint	<input checked="" type="radio"/> Chest Pain: <input type="radio"/> SOB: <input type="radio"/> Nausea: <input type="radio"/> Vomiting: <input type="radio"/> Diaphoresis: <input type="radio"/> Palpitations: <input type="radio"/> AICD Event: <input type="radio"/> Patient over 40 years of age?
Time course	<div> <input checked="" type="radio"/> Onset: Sudden <input type="radio"/> Gradual </div> <div> <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Worse/ persistent </div> <div> <input type="checkbox"/> resolved </div>
Location	<input checked="" type="radio"/> <input type="radio"/> No Localizing Sx. Most severe in: <div> <div>Radiation: <input type="radio"/> None <input type="radio"/> To Back</div>  </div>
Quality	<input type="checkbox"/> Pressure <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Aching <input type="checkbox"/> Dull <input type="checkbox"/> Burning <input type="checkbox"/> Cramping <input type="checkbox"/> Fullness <input type="checkbox"/> Same as previous episodes.

FIG. 8

<div>Cardiovascular</div> <div> <input checked="" type="radio"/> <input type="radio"/> </div>	<input type="checkbox"/> RRR <input type="checkbox"/> Heart sounds normal <input type="checkbox"/> No extremity edema <input checked="" type="radio"/> <input type="radio"/> BP in both arms normal <input type="checkbox"/> Heart normal to palpation <input type="checkbox"/> All of the above are	<div> <div>Rhythm:</div> <div>Heart sounds:</div> <div>Murmur:</div> <div>Grade:</div> <div> <input checked="" type="radio"/> Bilat. BP's </div> </div>
---	---	---

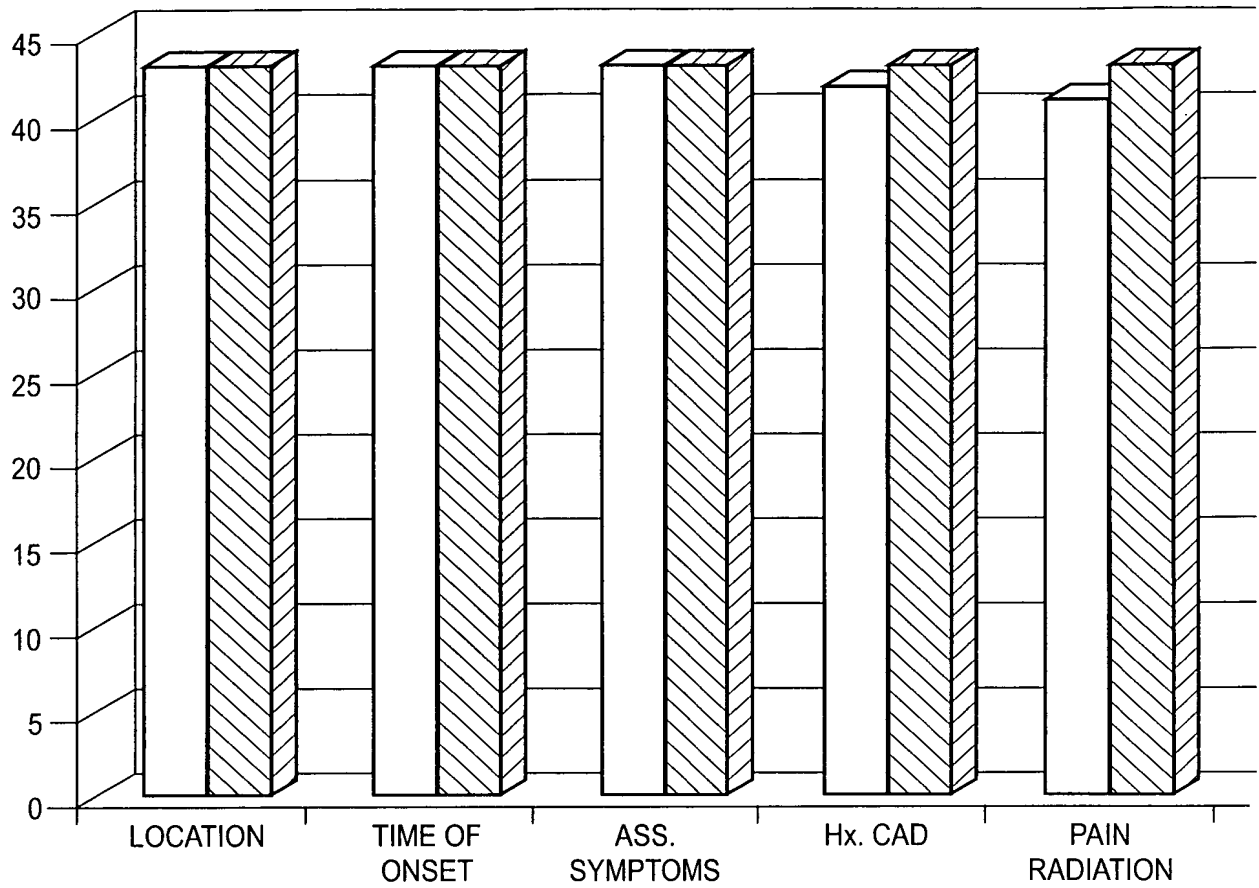
FIG. 9

FIG. 10

8/9

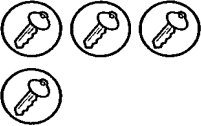










<p>Extremity exam</p> 	<p> <input type="checkbox"/> Normal inspection <input type="checkbox"/> Rot. Cuff nontender <input type="checkbox"/> Biceps nontender <input type="checkbox"/> ROM normal <input type="checkbox"/> Ligaments stable <input type="checkbox"/> AC joint nontender <input type="checkbox"/> No ecchymosis, abrasion or laceration </p> <p> <input checked="" type="radio"/>  Axillary Nerve Normal <input checked="" type="radio"/>  Capillary Refill Normal <input checked="" type="radio"/>  Pulses Intact Distally <input checked="" type="radio"/>  Motor Intact Distally <input checked="" type="radio"/>  Sensory Intact Distally <input type="checkbox"/> All of the above are normal </p>	<table border="1"> <tr> <td>Echymosis: ▲</td> <td>Tenderness: ▲</td> </tr> <tr> <td>Diffuse</td> <td>Diffuse</td> </tr> <tr> <td>Anterior ▼</td> <td>G-H Joint ▼</td> </tr> </table> <p> <input checked="" type="radio"/>  Axillary Nerve Injury <input checked="" type="radio"/>  Capillary Refill Delayed <input checked="" type="radio"/>  Distal Pulse Abnormality <input checked="" type="radio"/>  Motor Abnormality <input checked="" type="radio"/>  Sensory Abnormality <input type="checkbox"/> Joint unstable <input type="checkbox"/> Deformity on inspection </p> <table border="1"> <tr> <td>Other: ▲</td> </tr> <tr> <td>Tenting of skin</td> </tr> <tr> <td>Distal pulses poor ▼</td> </tr> </table> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Echymosis: ▲	Tenderness: ▲	Diffuse	Diffuse	Anterior ▼	G-H Joint ▼	Other: ▲	Tenting of skin	Distal pulses poor ▼
Echymosis: ▲	Tenderness: ▲										
Diffuse	Diffuse										
Anterior ▼	G-H Joint ▼										
Other: ▲											
Tenting of skin											
Distal pulses poor ▼											
	<p> <input type="checkbox"/> PERRL <input type="checkbox"/> Sclera not injected </p>	<table border="1"> <tr> <td>Pupils: ▼</td> <td>Sclera: ▼</td> <td>Conjunctiva ▼</td> </tr> </table>	Pupils: ▼	Sclera: ▼	Conjunctiva ▼						
Pupils: ▼	Sclera: ▼	Conjunctiva ▼									

FIG. 11